THE SHORT-TERM IMPACTS OF THE COVID-19 PANDEMIC ON ADOLESCENT GIRLS AND YOUNG WOMEN IN PAKISTAN

Francisco Bolaños and Marieke Meeske
Impact Measurement & Knowledge Team, Oxfam Novib

March 2021

OXFAM

CONTENTS

1 INTRODUCTION

Globally there have been 98.3 million confirmed cases of Covid-19 and 2.1 million deaths, as of 24 January 2021. In Pakistan, there have been over 530,000 known cases and 11,000 deaths as of the same date (World Health Organization, 2020). The government of Pakistan imposed a nationwide lockdown in March and April 2020, which included restrictions to mobility and the closure of schools and businesses. Schools were closed for a second time in late November 2020. At the time of writing (February 2021), schools had been formally opened again.

This research contributes to understanding what the short-term impacts of the Covid-19 pandemic are on adolescent girls and young women, which groups of adolescent girls and young women are more likely to be hit harder by the pandemic, and whether the impacts of the pandemic are different for participating and non-participating girls of the 'Marriage, No Child's Play' (MNCP) project in Pakistan (provinces of Sindh and Punjab). The analysis explores the impacts of the pandemic on girls' education, unpaid care work, perceived risks of gender-based violence, perceived risks of being married off, and mental health stress.

The research relies on a literature review and quantitative survey analysis. A literature review was undertaken to identify the main characteristics that might explain the differentiated impacts of the pandemic on adolescent girls and young women. These characteristics were then tested using quantitative techniques. The quantitative analysis used data from an endline survey conducted in November 2020 for the impact evaluation of the MNCP project. Surveys were carried out with 993 girls (aged 11-24 years). In addition, another 993 surveys were carried out with the father or mother of these girls. Questions were added to the endline survey to assess the impact of the pandemic on adolescent girls and young women in the project areas in Pakistan. This research is a thematic paper and does not evaluate the MNCP project.[1]

The paper is structured as follows: chapter two briefly discusses the potential impacts of the Covid-19 pandemic on adolescent girls and young women; chapter three presents the survey results; chapter four draws conclusions; and chapter five gives recommendations for program response, based on these results. Annexes with the methodology and quantitative results are included at the end.

[1] The impact evaluation report of the MNCP project can be found here.

2 POTENTIAL IMPACTS OF COVID-19 ON GIRLS AND WOMEN

Evidence from the Zika and Ebola health emergencies shows that women and children, particularly girls, are disproportionately affected during outbreaks of infectious diseases (Davies & Bennett, 2016). As pointed out by Smith (2019), there is an urgent need to incorporate gender perspectives in the analysis of disease outbreaks, and to acknowledge that different groups of people will be affected in different ways. Hence, evidence on previous health crises suggests that the Covid-19 pandemic is likely to make gender and social inequalities more acute, and points to the relevance of examining the impacts of the pandemic on adolescent girls and young women.

Early evidence on the impacts of the Covid-19 pandemic shows that women and girls are at greater risk of gender-based violence (GBV), sexual exploitation, abuse, child/forced marriage and early pregnancy during the pandemic. In addition, lockdown measures have restricted access to sexual and reproductive health services, increasing sexual and reproductive health risks for women and girls (Goulds, Fergus, & Winslow, 2020; UNICEF, 2020; UNFPA-UNICEF, 2020; UNFPA, 2020 and UN Women, 2020).

Women and girls have also been overburdened by an increase in unpaid care work during lockdowns. Many households face financial pressures due to loss of employment, income and assets. Quarantine, isolation and physical distancing may increase tension, stress, anxiety and mental health problems. It is likely that girls' learning will deteriorate due to school closures (Goulds, Fergus, & Winslow, 2020; UNICEF, 2020; UNFPA-UNICEF, 2020; UNFPA, 2020 and UN Women, 2020).

It is therefore important to continue interventions that are focused on girls and young women. Bandiera *et al.* (2020) show that an intervention targeting young women, which was implemented during the 2014/15 Ebola epidemic in Sierra Leone, contributed to reducing adverse effects of school closures such as teen pregnancies and reductions in school enrolment. The same authors highlight the importance of interventions that provide safe spaces for women in contexts where they frequently experience sexual violence and face multiple economic challenges.

The MNCP project in Pakistan is part of the multi-country 'More Than Brides Alliance' (MTBA) program. It is implemented in the provinces of Sindh (districts of Larkarna and Shikarpur) and Punjab (districts of Muzaffargarh and Lodhran). In 2020, the MNCP project in Pakistan generated discussion with communities on the gendered impacts of Covid-19 through social media campaigns, awareness-raising sessions in communities, information, education and communication (IEC) materials, and by sharing informative pictures and videos through WhatsApp. The project also engaged peer support networks and members of youth groups in disseminating messages using their phones or those of family members. To reach community members who did not have access to technology and could not be engaged in physical activities, the project promoted campaign messages on rickshaws and wall murals. The project focused on five key themes relating to the gendered impacts of the Covid-19 pandemic on women and girls, namely: child marriage, school dropout among girls, and an increase in domestic violence, patriarchy and child abuse.

Reflecting on the Covid-19 pandemic in Pakistan, this research asks: what are the short-term impacts of the pandemic on adolescent girls and young women? Which groups of adolescent girls and young women are more likely to be hit harder by the pandemic? Have girls participating in the MNCP project experienced different impacts than non-participating girls? The research examines the impacts of the pandemic on girls' education, unpaid care work, perceptions of risks of GBV, perceptions of risks of being married off, and mental health stress.

3 SHORT-TERM IMPACTS OF COVID-19 ON GIRLS AND WOMEN

For each of the five research topics outlined above (education, unpaid care work, perceptions of risks of GBV, perceptions of risks of being married off, and mental health stress), we first present descriptive results for the total survey sample, then for girls living in Sindh and girls living in Punjab. We distinguish between girls in the target group (girls participating in the MNCP project) and girls in the comparison group (girls not participating in the project). The results are first presented in graphs and as simple descriptives, i.e. not in relation to any of the other variables examined in the analysis.

Next, we explore results from the quantitative analysis. In this analysis, we tested our hypotheses with quantitative techniques to explore what individual and household characteristics[2] might influence the impact of the Covid-19 pandemic on girls' education, unpaid care work, perceptions of risks of GBV, perceptions of risks of being married off, and mental health stress. Apart from the relationship between participation/non-participation in the MNCP project and the research topic, we only describe relationships that are significant. For more information about the quantitative techniques used, please see Annex 1. Results of the estimations are presented in Annex 2.

3.1 SCHOOL ATTENDANCE

Evidence suggests that school closures due to the Covid-19 pandemic could lead to a sharp rise in school dropouts. Girls living in poverty, in isolated places, with lack of access to the internet or mobile phones, will struggle most to continue and complete their education (UNICEF, 2020 and UNFPA-UNICEF, 2020).

Previous evidence from Ebola outbreaks suggests that school closures are likely to have other impacts on adolescent girls, such as increases in early pregnancies, forced marriage and GBV, and reinforcement of gender norms of girls as unpaid caregivers (UNICEF, 2020; UNFPA, 2020). If girls get married or become pregnant during school closures, many of them may not return to school after lockdowns end (UNFPA-UNICEF, 2020). Although the context is different from Pakistan, Wodon, Nguyen, & Tsimpo (2016) demonstrated that child marriage and early pregnancy have a negative impact on secondary school enrolment in Uganda. A similar conclusion was reached by Lloyd & Mensch (2008) with data from Sub-Saharan Africa.

In Pakistan, school attendance was low among interviewed girls of school age (5-16 years). Only 42% of girls participating in the MNCP project were attending school at the time of the survey, and school attendance was even lower among girls not participating in MNCP (25%).

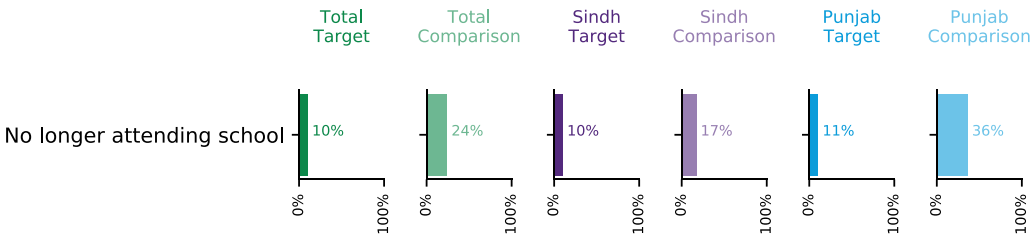
An indicator was constructed to capture changes in school attendance during the Covid-19 pandemic.

[2] Individual and household characteristics were identified through the literature review. They include: participation in the MNCP project, age, education, number of years of child marriage (where marriage had taken place before the age of 18), gender of household head, education of household head, number of children in the household aged five years or younger, quintiles of socio-economic status (estimated with the Poverty Probability Index (PPI) score) and district. In addition to these socio-demographic characteristics, we included individual and household characteristics (such as girls' ability to voice their needs, concerns and interests regarding their education, marriage or work) which the literature review identified as being related to the research topics.

We estimated whether those girls who had been attending school before the pandemic were still attending school at the time of the survey. This was the case for the majority of girls (85%). However, the precise timing of the survey might have influenced the number of girls attending school. There was a general lockdown in Pakistan between March and April 2020. Data was collected in November 2020, and from 26 November all educational institutions in Pakistan were closed for a second time (SAMAA, 2020). Hence, the numbers of girls reporting non-attendance may be slightly skewed, depending on the exact date of interview.[3]

We estimated that on average, 15% of girls who had been attending school before the pandemic were not attending school at the time of the survey. More girls in the comparison group (non MNCP project participants) than in the target group (project participants) were no longer attending school (24% vs 10% respectively). This finding is similar in Punjab and Sindh: in both provinces, more girls in the comparison group than in the target group were not attending school.

Figure 1: Percentage of girls who attended school before the pandemic that were no longer attending school at the time of survey



Source: MTBA endline survey, n total=247.

Notwithstanding the possible influence of date of interview on the measurement of school attendance, we assessed which factors influenced changes in school attendance.[4] Girls who feel they can voice their needs, concerns and interests regarding decisions about their education were more likely to still be in school than girls with lower levels of agency on this issue. The results are similar for girls participating and girls not participating in MNCP. This means participant and non-participant girls had a similar probability of still being in school, and the most important factor in relation to girls remaining in school during the pandemic is the ability to voice their needs, concerns and interests when it comes to decisions about their education.

Results suggest that the pandemic will also have medium- and long-term effects on girls' education. Most girls who were no longer attending school did not feel optimistic about returning to school after the pandemic. Six out of ten girls (61%) not attending school said they thought it was unlikely that they would return. School closures are likely to deteriorate the quality of girls' education, as of the girls no longer attending school, most (77%) said they were not spending time on education at home.

3.2 UNPAID CARE WORK

During Covid-19 lockdowns, unpaid care responsibilities of girls and young women are likely to increase, due to household members being at home and the resulting need for additional meal

[3] Unfortunately, we do not have access to the date of each interview.
[4] Due to small sample size, we cannot run the model for Sindh and Punjab separately. Also, in the general model the number of girls no longer attending school is very small (N=38). This might influence the extent to which significant relationships between school attendance and other characteristics can be found.

preparation, cleaning, childcare etc. (UNFPA-UNICEF, 2020). For many girls, unpaid care work includes taking care of sick family members, increasing their risk of getting the virus (UNICEF, 2020). Many girls and young women who study, work and/or have school-age children thus may face an overburden of unpaid care responsibilities during the pandemic. Some may have to learn at home due to school closures, while also being expected to support female caregivers in their families (UNICEF, 2020). Evidence from Italy shows that most of the additional unpaid care work associated with Covid-19 falls on women, particularly among those who work from home and those who are not able to work because of the pandemic (Del Boca, Oggero, Profeta, & Rossi, 2020). The same authors found that school closures increase the care burden of women due to the demands of home schooling.

In this research, we understand unpaid care work in a broad sense and includes direct and indirect care activities without any explicit monetary compensation. Direct care activities entail face-to-face personal care, such as feeding a baby, nursing a sick partner, helping an older person to take a bath, carrying out health check-ups or teaching young children. Indirect care activities do not entail face-to-face personal care, such as cooking, cleaning, doing the laundry and other household maintenance tasks (International Labour Organization, 2018). Thus, we asked girls and young women: How would you say the hours you spend on unpaid care work activities have changed compared to the months before the COVID situation? For example, cooking, cleaning, working in fields, taking care of parents, children, etc.

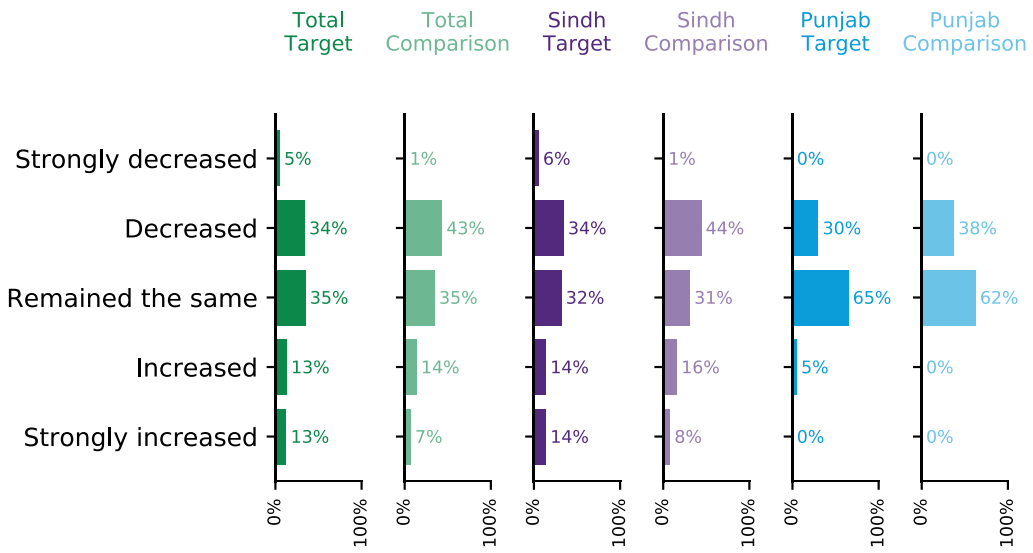
Our research found that, on average, girls had stayed at home all day, without receiving any visits, for around four of the seven days before the survey. On average, girls were spending around 24 hours a week on unpaid care work at the time of the survey. The number of hours is slightly higher for girls participating in the MNCP project (26 hours) compared to girls not participating (23 hours). The MNCP project sensitized girls on gender disparity and the generally unequal division of household chores among boys and girls. This sensitization might have increased girls' awareness on the issue, hence the higher reported number of hours spent on unpaid care work for participant girls. The time spent on unpaid care work is similar for girls in Sindh and Punjab.

Given the evidence from the literature review, we expected that girls' time spent on unpaid care work would have increased during the pandemic. However, for the majority of girls (76%), the time spent on unpaid care work had decreased or stayed the same since the start of the pandemic, and only 24% of girls mentioned an increase. There is no significant difference between girls participating and girls not participating in the MNCP project.

In both Punjab and Sindh,[5] unpaid care work had decreased or stayed the same for most girls. However, there are some slight differences between the provinces: in Punjab, around two-thirds of girls (64%) mentioned no change in the hours spent on unpaid care work, while one-third (33%) said it had decreased and only 3% said it had increased. This contrasts with the results in Sindh, where 32% said it remained the same, 42% said it had decreased and 27% said it had increased.

[5] 70% of girls in Sindh indicate to participate in unpaid care work, compared to 12% in Punjab. We believe this low percentage in Punjab could be due to respondents' interpretation of the corresponding survey question ("*Are you currently doing any activities related to unpaid care work? For example, cooking, cleaning, working in fields, taking care of parents, children etc.*"). Punjab is mainly an agro-based economy, hence girls often help with agricultural tasks for self-subsistence at home. It could be that many girls do unpaid work in the family farm, which can be considered unpaid care work. However, perhaps some of these girls do not consider their work in the family farm as care work. This could possibly explain the low percentage of unpaid care work in Punjab. As the number of girls in Punjab who reported doing unpaid care work is very small (N=40), the results presented for Punjab in this section should be interpreted with caution. Further separate analysis for Punjab regarding unpaid care work is limited.

Figure 2: Change in time spent on unpaid care work since the start of the pandemic



Source: MTBA endline survey, n total=349.

We found that younger girls, girls with secondary education and girls who had stayed at home fewer days the previous week were more likely to report an increase in hours spent on unpaid care work since the start of the pandemic. First, girls aged 12-14 years were more likely to report an increase in unpaid care work than girls aged 18 years or older. Second, girls with secondary education were more likely to report increased hours on unpaid care work than girls with no education.

It is possible that before the pandemic, younger girls and girls with secondary education might have been going out more often (to school or to work) than older girls and girls with no education. Thus, their care responsibilities may have increased alongside spending more time at home.

Lastly, girls who had stayed at home fewer days in the week before the survey were more likely to report an increase in unpaid care work during the pandemic than girls who were more homebound. It could be that these girls were taking care of relatives who live outside of their household. The results are similar for girls participating and girls not participating in MNCP.

In Sindh, the results are similar to the general model described above, apart from the finding on secondary education, which is not significant. The analysis for Punjab is not presented here, because the number of girls who reported doing unpaid care work is very small (N=40).

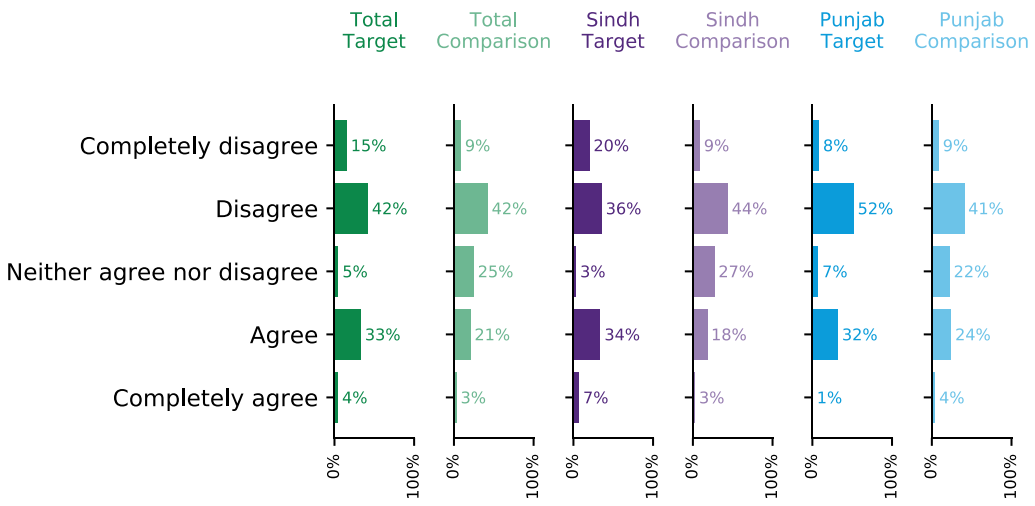
3.3 PERCEPTIONS OF INCREASED RISK OF GENDER-BASED VIOLENCE

Evidence shows that mobility restrictions during lockdowns have increased the exposure of adolescent girls and young women to abuse at home. Many girls and women are spending more time under the same roof as caregivers and/or intimate partners, and they cannot flee violence. This may lead to an increase in GBV. Moreover, the impact of GBV is more acute when access to GBV services is limited due to mobility restrictions. The restrictions have also deprived many girls and women of their usual meeting places (e.g. school, women's groups, social and sport clubs) where they can build

important protective social networks against GBV. Job and income losses may increase household tensions, which can lead to intimate partner violence and exposure of girls and young women to sexual exploitation, forced marriage and other types of GBV (UNICEF, 2020 and UNFPA, 2020).

Girls were therefore asked about their perceptions regarding an increased risk of violence (in the house, at work and in public spaces) for women and girls during the Covid-19 lockdown. Relatively few (one-third, 31%) perceived women and girls to be at increased risk of violence during the lockdown. Around half (54%) did not perceive women and girls to be at increased risk, and 15% neither agreed nor disagreed regarding an increased risk of GBV. Results are similar in Sindh and Punjab, and between girls participating in the MNCP project and girls who are not.

Figure 3: Response to the statement: "Women and girls are at increased risk of violence (in the house, at work, in public spaces) during the Covid-19 lockdown"



Source: MTBA endline survey, n total=973.

We assessed which girls were most likely to perceive an increased risk of violence for women and girls during lockdown. We found that girls whose parents had stayed at home fewer days the week before the survey were more likely to perceive an increased risk of GBV. This suggests that parents give protection to girls and women against potential perpetrators, who could be their partners, other relatives or non-relatives.

Girls who feel better able to voice their needs, concerns and interests regarding decisions about work were more likely to perceive an increased risk of violence for women and girls during lockdown. This could be because economically empowered girls or women may be seen as a threat by male household members (Bolos & Hughes, 2015). The perceived risk of increased GBV is similar for girls participating and girls not participating in the MNCP project.

There are, however, some differences between the two provinces. In Sindh, the presence of parents at home is not significantly related to girls' perceptions of an increased risk of GBV. Moreover, girls living in households with more gender-equal attitudes (i.e. where men and women make decisions together about managing household income, compared to households where only men make these decisions) were more likely to perceive an increase in the risk of GBV during lockdown. It could be that girls in households with more gender-equal attitudes know more about their rights, hence they could better identify the GBV risks during the lockdown.

In Sindh, we found that girls aged 18 years or older compared to girls aged 12-14 years, and girls whose parents have no education compared to those whose parents completed middle school, were more likely to perceive an increased risk of GBV in lockdown.

In Punjab, girls with no schooling were more likely to perceive a greater risk of GBV during lockdown than girls who had completed primary education. This suggests that girls with lower levels of education felt more exposed to risks of GBV during lockdown.

3.4 PERCEPTIONS OF INCREASED RISK OF BEING MARRIED OFF

Many families will face economic strains because of the pandemic. Poverty levels are expected to rise, with the greatest impacts on the most vulnerable families, especially in low-income countries where child marriage is most prevalent. This can lead to an increase in child marriage as a negative coping strategy, easing families' economic burden by removing their need to provide for their daughters (UNFPA-UNICEF, 2020). UNFPA (2020) has predicted that the Covid-19 pandemic will result in 13 million additional child marriages. Interventions to reduce child marriage will be less effective because of delays in implementation as a result of mobility restrictions.

Girls were asked whether women and girls were at increased risk of being married off during the Covid-19 lockdown. Around half of the girls (52%) did not perceive a greater risk, one-third (35%) perceived an increased risk, and a small share of girls (12%) neither agreed nor disagreed that women and girls were at increased risk of being married off during the lockdown.

A higher percentage of girls participating in the MNCP project (42%) agreed that women and girls were at increased risk of being married off, compared to girls not participating in the project (29%). Girls in Sindh (30%) were less likely to perceive an increased risk of being married off during lockdown than girls in Punjab (42%).

Figure 4: Response to the statement: "Women and girls are at increased risk of being married off during the Covid-19 lockdown"

Source: MTBA endline survey, n total=968.

The research assessed which characteristics of girls and their households are most likely to influence perceptions of an increased risk of being married off during the Covid-19 lockdown. We found that girls who feel they can voice their needs, concerns and interests regarding decisions about their marriage were more likely to perceive an increased risk. This suggests that these girls might be more aware of, or better able to detect, the risks of being married off.

Girls whose parents had stayed at home fewer days the week before the survey were more likely to perceive an increased risk of being married off during the lockdown. These might be households where parents have precarious jobs and work long hours, such that girls feel that the family's economic situation will worsen during the pandemic, increasing their risk of being married off. However, the analysis found no relationship between socio-economic status of the household (measured by the PPI) and girls' perceptions of an increased risk of marriage. The results on this topic are similar for girls participating and girls not participating in the MNCP project.

Finally, there are differences between the provinces on this issue. In Punjab, in addition to the results presented above, we found that girls who live in households with fewer children aged five or under were more likely to perceive a greater risk of being married off during lockdown. It could be that having fewer children at home means parents might be more motivated to marry off their daughters, as there is less need for them to help with childcare. In Sindh, the relationship between the number of days parents stayed at home and a perceived increased risk of marriage is not significant.

3.5 MENTAL HEALTH

Mental health is negatively affected during epidemics, and the impact of this can last for years. Evidence from the Ebola epidemic in West Africa showed that "*survivors are often haunted by traumatic memories and face rejection by society when they return home, and those who never contracted the disease may grieve for lost relatives or struggle to cope with extreme anxiety*" (Reardon, 2015).

In the early days of the Covid-19 pandemic, very little was known about the new virus. At the same time, the news provided a constant stream of shocking figures on the number of deaths, shortages of hospital equipment and protective gear, and job losses. People inevitably worried about their own or their relatives' health and the effect of the pandemic on education, work and social interactions. Extended periods of social isolation caused by lockdowns led to sudden rises in anxiety levels, especially among people with underlying mental health conditions (Goulds, Fergus, & Winslow, 2020).

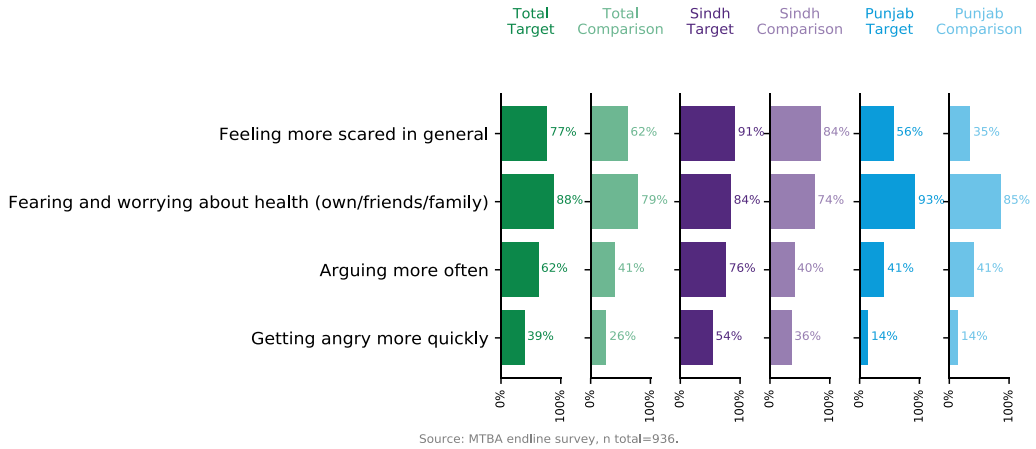
Quarantines, isolation and physical distancing, combined with increased care burdens and poverty levels, is likely to have intensified tensions, stress, anxiety and mental health problems in many households. An increase in tension and stress within families may lead to conflict and unhealthy coping mechanisms, which can trigger abuse (UN Women, 2020).

Girls were asked to describe how they were coping with and responding to the pandemic. More than 90% said they had experienced some sort of mental health stress. Girls were asked if they had been: 1) feeling more scared in general; 2) worrying more often about health; 3) arguing more often; and 4) getting angry more quickly. The majority of girls (83%) reported worrying more often about their own health and the health of their loved ones, and feeling more scared in general (69%). Half of girls (51%) said they argued more often, and one-third (32%) said they got angry more quickly. Girls

participating in the MNCP project reported higher percentages on all the options compared to girls not participating in the project.

Results also differ between the provinces, with higher stress levels reported in Sindh. The largest differences are in terms of feeling scared: 88% of girls in Sindh reported this, compared to 45% in Punjab; and getting angry more quickly, which was reported by 45% of girls in Sindh, compared to 14% of girls in Punjab. Furthermore, 59% of girls in Sindh indicated that they were arguing more often, compared to 41% of girls in Punjab. These differences between the provinces might be explained by the fact that total confirmed Covid-19 cases were higher in Sindh than in Punjab at the time of the survey (GEO, 2020).

Figure 5: Response to the question: "Which of the following describes how you are coping and responding to Covid-19?"



We tested the influence of individual and household characteristics on mental health stress during the pandemic. An indicator was constructed by counting the number of signs of mental health stress, as outlined above, that girls reported experiencing. The indicator equals 0 if girls did not mention any of these responses, and 4 if girls mentioned all of them.

Our analysis found that socio-economic situation, age, education and mobility are all factors associated with girls' mental health stress during the pandemic. Girls living in the poorest quintile of households were more likely to experience mental health stress than girls living in the wealthiest quintile. Also, older girls (aged 14-17, and 18 years or older) were more likely to experience mental health stress than younger girls (12-14 years). This indicates that the mental health of older girls has been more severely impacted by the pandemic. For many girls and young women, the transition from childhood to adolescence and adulthood can be a stressful experience. Often, these transitions imply important decisions related to education, marriage, family formation and work life, which now have to be taken in the context of a health emergency. Also, older girls are likely to be more aware of the pandemic's negative implications for their own and their families' future. Hence, it is perhaps not surprising that the older a girl becomes, the greater the stress experienced during the pandemic.

Girls having a higher level of education is also associated with higher levels of mental health stress. Reasons for this could include having to transition from education to the labor market, and changes in employment status. For instance, girls in the higher levels of education, who have completed their mandatory schooling, may be closer to moving out of education and into work, and may feel more stressed because they are not optimistic about their chances of finding a job. Highly educated girls

are more likely to have had a job before the pandemic, but might have lost their job because of it.[6]

Girls who had stayed at home more days over the previous week, without receiving any visits, were also more likely to report experiencing mental health stress. This is expected, as a natural consequence of isolation and restrictions to mobility.

The probability of experiencing higher mental health stress during the pandemic is similar for girls participating and girls not participating in the MNCP project.

We found some differences between Sindh and Punjab. In Sindh, girls' education and socio-economic situation does not have a significant relationship with mental health stress. However, a higher level of education of the household head is associated with higher levels of mental health stress among girls. It could be that the work situation of parents with more education might be impacted differently to that of less educated parents. Indeed, parents with higher levels of education reported a negative change in their occupation (e.g. got fired or were forced to take leave) slightly more often than parents with no education (26% vs 18%). This is likely to cause stress among these parents, which might add to mental health stress for girls.

In Punjab, the household head being female is positively associated with mental health stress among girls. This could be because the majority of female household heads are widows (63%), which is associated with higher poverty levels and greater vulnerability of the household. The negative effects of the pandemic might particularly overburden these households, adding to mental health stress.

[6] We also tested the effect of a drop in school attendance on mental health stress among girls. We did not find a significant relationship. As this variable only applies to girls that attended school before the pandemic (33% of girls of school age), the sample size for the model drops considerably if we add this variable to the model. Therefore, in Annex 2 we present the model without including the variable for change in school attendance.

4 CONCLUSIONS

The research shed light on the short-term impacts of the Covid-19 pandemic on adolescent girls and young women, on which groups of adolescent girls and young women are more likely to be affected by the pandemic, and on possible different impacts of the pandemic on participating and non-participating girls of the MNCP project in Pakistan.

We found that the most obvious short-term impact of the pandemic on adolescent girls and young women is mental health stress: nine out of ten girls surveyed said they had experienced some sort of mental health stress since the pandemic started. In addition, for some adolescent girls and young women the pandemic has negatively affected school attendance and increased unpaid care work responsibilities, the risk of GBV and the risk of being married off. However, in the short term, these impacts have affected a smaller proportion of adolescent girls and young women, compared to the proportion experiencing mental health stress.

One out of seven girls who were attending school before the pandemic were not attending school at the time of the survey; one out of four girls reported an increase in time spent on unpaid care work since the pandemic began; one out of three girls perceived that women and girls were at increased risk of violence during the lockdown; and one out of three girls perceived that women and girls were at increased risk of being married off during the lockdown.

We identified which characteristics might influence whether some adolescent girls and young women have been hit harder by the pandemic. Mental health stress is likely to increase with age, education, mobility restrictions and living in poverty.

Girls who feel less able to voice their needs, concerns and interests regarding decisions about their education were more likely to no longer be in school. It is worth noting that most girls who were not attending school at the time of the survey did not feel very optimistic about their chances of returning to education.

Younger girls, girls with secondary education and girls who had spent fewer days at home in the preceding week were more likely to report being burdened with increased unpaid care work since the pandemic began.

Girls valued the presence of their parents at home as source of protection against potential perpetrators of GBV. We found that parents' absence from the home increased girls' perceptions of the risk of GBV. Moreover, we found that girls who feel better able to voice their needs, concerns and interests regarding decisions about work were more likely to perceive an increased risk of GBV during the lockdown. This suggests that economically empowered girls and young women might be seen as a threat by male household members in the context in which we conducted this study.

Girls who feel better able to voice their needs, concerns and interests regarding decisions about their marriage were more likely to perceive an increased risk of being married off during the lockdown.

Overall, we did not find differences in the impact of the Covid-19 pandemic on girls participating and girls not participating in the MNCP project in Pakistan. This means that if we compare two girls with the same background and characteristics, who only differ in terms of participation in the project, these girls would be affected by the pandemic in a similar way.

However, it is important to note that this research used data from the endline survey only (not baseline and midline), and it is not evaluating the impact of the MNCP project. The project's impact evaluation did find that some of the characteristics studied in this research were positively affected by participation in the project. For instance, the project had a positive impact on girls' ability to voice their needs, concerns and interests.[7]

To conclude, it is possible that we found a large impact of the pandemic on the mental health stress of the surveyed girls because this is a very short-term effect: people could immediately feel the mental struggles and anxiety caused by Covid-19. It is very likely that the pandemic will have long-term impacts on people, and the full scope of these is yet to be seen. Our analysis shows which characteristics are most likely to influence the extent of the adverse impacts of the pandemic – and has provided initial insights into its possible long-term impacts – on adolescent girls and young women in Pakistan. However, while the immediate negative effects on girls' mental health are clear, it will be some time before we can accurately measure the real and interlinked impacts of the Covid-19 pandemic on education, unpaid care work, GBV and child marriage.

[7] The impact evaluation report of the MNCP project can be found here.

5 RECOMMENDATIONS FOR PROGRAM RESPONSE

In light of the results of this research paper, we have formulated the following recommendations for future programs working with adolescent girls and young women in Pakistan:

- The Covid-19 pandemic has had significant short-term impacts on girls' mental health stress, influencing their day-to-day functioning. These could evolve into long-term impacts if not recognized or addressed adequately. Future programs should take into account the mental health stress endured by many girls, especially those living in poverty.
- Empowerment of girls (e.g. by increasing their ability to voice their needs, concerns and interests regarding decisions about their education, work or marriage) is positively associated with girls staying in school during the pandemic; on the other hand, it is also associated with girls perceiving an increase in the risks of GBV and of being married off during lockdowns. While this could point to increased awareness of risks among empowered girls, future programs should be mindful of the different ways in which empowerment can affect girls, and tailor interventions to address these.
- One in seven girls in our sample had stopped attending school because of the pandemic. Most girls who were no longer attending school did not feel optimistic about returning to school after the pandemic and were not spending time on education at home. This suggests that the pandemic might negatively affect girls' education and learning in the short term, as well as the medium and long term. Additionally, interruption of education might reduce the possibilities of many children and young people to escape poverty. Future programs should focus on reducing the adverse effects of the pandemic on education and learning, which will contribute to the efforts to end poverty.
- One in four girls reported an increase in time spent on unpaid care work due to the pandemic. In particular, younger girls and those with secondary education had experienced an increase in unpaid care work. Although this research could only analyse short-term impacts on unpaid care work, it is possible that the gendered division of care responsibilities could continue throughout the pandemic and beyond, reducing girls' opportunities to take part in education or training. Future programs should consider how to reach different groups of girls, whose time allocation might be impacted differently by the pandemic.
- GBV risks for girls and young women are likely to increase during lockdowns, especially for girls whose parents are absent from the home. Future programs that aim to address GBV should focus attention on this particular group of girls.
- In general, the Covid-19 pandemic has had different short-term impacts on different girls. Hence, girls cannot be treated as a homogenous group. In their design phase, future programs should be sensitive to diversity among girls and the differential impacts of the pandemic on them.

REFERENCES

Bandiera, O., Buehren, N., Goldstein, M., Rasul, I., & Smurra, A. (2019). *The Economic Lives of Young Women in the Time of Ebola. Lessons from an Empowerment Program.* Washington, DC: The World Bank.

Bandiera, O., Buehren, N., Goldstein, M., Rasul, I., & Smurra, A. (2020). *Do School Closures During an Epidemic have Persistent Effects? Evidence from Sierra Leone in the Time of Ebola.* Washington, DC: The World Bank.

Bolis, M., & Hughes, C. (2015). *Women's Economic Empowerment and Domestic Violence: Links and lessons for practitioners working with intersectional approaches.* Washington, DC: Oxfam America.

Davies, S., & Bennett, B. (2016). A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies. *International Affairs, 92*(5), 1041–60.

Del Boca, D., Oggero, N., Profeta, P., & Rossi, M. C. (2020). Women's work, housework and childcare, before and during COVID-19. *Covid Economics: Vetted and Real-Time Papers*(28), 70-90.

GEO. (2020, November 23). *Coronavirus updates, November 23*. Retrieved February 2, 2021, from Latest news on the COVID-19 pandemic from Pakistan and around the world: https://www.geo.tv/latest/320025-coronavirus-updates-november-23-latest-news-on-the-covid-19-pandemic-from-pakistan-and-around-the-world

Goulds, S., Fergus, I., & Winslow, E. (2020). *Halting lives: The impact of COVID-19 on girls and young women.* Woking: Plan International.

International Labour Organization. (2018). *Care work and care jobs for the future of decent work.* Geneva: International Labour Organization.

Lloyd, C. B., & Mensch, B. S. (2008). Marriage and Childbirth as Factors in Dropping Out from School: An Analysis of DHS Data from sub-Saharan Africa. *Population Studies, 62*(1), 1-13.

Nguyen, M., & Wodon, Q. (2012). Measuring Child Marriage. *Economics Bulletin, 32*(1), 398–411.

Parsons, J., Edmeades, J., Kes, A., Petroni, S., Sexton, M., & Wodon, Q. (2015). Economic Impacts of Child Marriage: A Review of the Literature. *Review of Faith and International Affairs, 13*(3), 12–22.

Reardon, S. (2015). Ebola's mental health wounds linger in Africa. *Nature, 519*, 13-4.

SAMAA. (2020, November 23). *Pakistan educational institutions to close from November 26*. Retrieved February 2, 2021, from https://www.samaa.tv/news/2020/11/schools-closed-government-decision-coronavirus/

Smith, J. (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response. *Gender & Development, 27*(2), 355-369.

UN Women. (2020). *Prevention: Violence against women and girls & COVID-19.* New York: UN Women.

UNFPA. (2020). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.* New York: UNFPA.

UNFPA-UNICEF. (2020). *Adapting to COVID-19 - Pivoting the UNFPA-UNICEF global programme to end child marriage to respond to the pandemic.* New York: UNFPA-UNICEF.

UNICEF. (2020). *COVID-19 - GBV Risks to Adolescent Girls and Interventions to Protect and Empower them.* New York: UNICEF.

Wodon, Q., Nguyen, M., & Tsimpo, C. (2016). Child Marriage, Education, and Agency in Uganda. *Feminist Economics, 22*(1), 54-79.

World Health Organization. (2020). *COVID-19 Weekly Epidemiological Update as of 24 January 2021.* Geneva: World Health Organization.

ANNEX 1: METHODOLOGY

A.1 DATA

Data was collected in November 2020 for the endline study conducted for the impact evaluation of the 'Marriage, No Child's Play' (MNCP) project in Pakistan. Two types of surveys were carried out: a girls survey and household survey. A total of 993 surveys were carried out with girls (aged 11-24 years). In addition, 993 separate surveys were carried out with the father or mother of these girls. As the main focus of this paper is on the impact of the Covid-19 pandemic on adolescent girls and young women, outcome indicators were constructed at the girls' level. The survey with parents was used for testing the relationship between certain household characteristics and these outcome indicators at girls' level.

The sample consists of a target group and comparison group. The target group consists of girls and their households who have participated in MNCP project activities. The comparison group consists of girls and their households who have not participated in MNCP project activities. The latter group functions as a so-called 'counterfactual' to indicate what would have happened to the target group in the absence of the MNCP project.

Table 1: Overview of the sample (girls & households)

	Target group	Comparison group
Sindh	304	269
Punjab	196	224
Total	**500**	**493**

Please refer to the endline evaluation report for a detailed overview of the MNCP project, the impact evaluation research design and the sampling strategy.

A.2 ESTIMATION METHODS

Differences highlighted in the descriptive results in this paper are based on proportion tests, two-sample t-tests and chi2 tests of independence.

For each outcome area, we explored which girls were most likely to experience this. These results are based on multivariate OLS regression or probit models, depending on the type of outcome variable. Covariates included in these analyses are: treatment group (target or comparison), age (12-14 years; 15-17 years; 18 years or older); education (no education, primary school, middle school, secondary school or higher), indicator for child marriage (difference between age of marriage and legal age of marriage (18 years),[8] where =0 if not married or if married at or older than the legal age of marriage); gender of the household head; education of the household head (no education, primary school, middle school, secondary school or higher); number of children in the household aged five

[8] For instance, if a girl was married at age 16, this indicator equals 18-16=2; if a girl was married at age 12, this indicator equals 18-12=4; if a girl was married at age 18, this indicator equals 18-18=0, etc. By calculating the difference between the age of marriage and the legal age of marriage, we take into account the fact that girls affected by child marriage are not a homogeneous group. We expect girls married at a younger age to be more affected by child marriage than girls married at an older age.

years or younger; the quintiles of Poverty Probability Index (PPI) score; and district (Larkarna and Shikarpur in Sindh; Muzaffargarh and Lodhran in Punjab).

We have estimated robust standard errors.

ANNEX 2: REGRESSION OUTPUT

In the analysis we ran several estimation models in which explanatory variables were included in a stepwise manner. We checked whether the results were consistent across the majority of models. For simplicity, in this Annex we present only the results of the model that includes all variables. We have explained significant relationships in the main text of this paper if the relationship was significant at the 5% level in one or more of the models.

The output of the other estimation models is available upon request.

No longer attending school because of Covid-19			
		Total	
Variables	*coef*	*pval*	*beta*
Treatment status (=1 if target; =0 if comparison)	-0.19839	0.413	-0.03287
Indicator for child marriage	0.13798	0.299	0.12246
Gender of the household head (=1 if female; =0 if men)	0.07600	0.860	0.03602
Household head's education: primary	-0.22622	0.534	-0.07689
Household head's education: secondary	0.31705	0.374	0.04719
Household head's education: middle school or higher	-0.41050	0.221	-0.07311
Number of children aged 0-5	-0.14831	0.492	-0.04737
PPI quintile 2	-0.02275	0.950	-0.00204
PPI quintile 3	-0.03255	0.939	-0.03035
PPI quintile 4	-0.21240	0.624	-0.04568
PPI quintile 5	0.23356	0.534	0.01603
District: Shikarpur	1.96276***	0.000	0.40001
District: Muzzfargarh	0.99716**	0.025	0.10549
District: Lodhran	1.09740***	0.000	0.20749
Girl's ability to advocate for decisions regarding education	-0.36451***	0.002	-0.15469
Household decisions on education: done by man only	-0.40106	0.239	-0.07170
Household decisions on education: done by woman only	0.43685	0.162	0.04927
Constant	-0.21671	0.657	0.657
Observations	231		
R-squared	0.325		
Results in this table are based on a probit model. Beta coefficients come from an OLS estimation. Results between the probit and OLS model are consistent.			
*** p<0.01, ** p<0.05, * p<0.1			

Decreased hours spend on unpaid care work since Covid-19						
	Total			Sindh		
Variables	*coef*	*pval*	*beta*	*coef*	*pval*	*beta*
Treatment status (=1 if target; =0 if comparison)	-0.09430	0.457	-0.04360	-0.13314	0.333	-0.05817
Girls aged 15-17	0.15883	0.393	0.07208	0.16258	0.399	0.07104
Girls aged 18+	0.38814**	0.033	0.18884	0.38916**	0.045	0.18065
Indicator for child marriage	0.04387	0.355	0.03891	0.09344	0.112	0.06768
Girl's education: primary	-0.20586	0.132	-0.09585	-0.18737	0.231	-0.08385
Girl's education: middle	0.10754	0.607	0.03165	0.11025	0.634	0.03120
Girl's education: secondary school or higher	-0.39576*	0.100	-0.13095	-0.32390	0.218	-0.10295
Gender of the household head (=1 if female; =0 if men)	0.15230	0.470	0.04268	0.24979	0.292	0.06560
Household head's education: primary	0.10889	0.499	0.04563	0.10102	0.565	0.04110
Household head's education: middle	0.15730	0.465	0.03911	0.16696	0.547	0.03676
Household head's education: secondary school or higher	-0.03571	0.837	-0.01434	-0.03088	0.868	-0.01209
Number of children aged 0-5	-0.05301	0.539	-0.03952	-0.05873	0.571	-0.03985
PPI quintile 2	-0.06660	0.683	-0.02817	-0.09166	0.596	-0.03748
PPI quintile 3	0.00597	0.973	0.00210	-0.02512	0.895	-0.00854
PPI quintile 4	-0.31272	0.145	-0.10998	-0.42848	0.105	-0.13094
PPI quintile 5	-0.33154	0.139	-0.11439	-0.40881	0.106	-0.13308
District: Shikarpur	0.00771	0.987	0.00063	0.12926	0.801	0.01067
District: Muzzfargarh	0.36886*	0.094	0.08503	.	.	.
District: Lodhran	0.29735	0.126	0.06855	.	.	.
Number of days girls stayed at home during the last week	0.14706***	0.000	0.31536	0.16616***	0.000	0.33326
Girl's ability to advocate for decisions regarding work	0.02061	0.740	0.02165	-0.00046	0.995	-0.00046
Household decisions on income: done by man only	-0.16194	0.285	-0.06881	-0.19808	0.267	-0.07891
Household decisions on income: done by woman only	0.08675	0.596	0.03581	0.10431	0.563	0.04223
Constant	2.35002***	0.000	.	2.35669***	0.000	.
Observations	285			251		
R-squared	0.156			0.170		
*** p<0.01, ** p<0.05, * p<0.1						

Decreased risk of violence against women and girls during the Covid-19 lockdown									
	Total			Sindh			Punjab		
Variables	*coef*	*pval*	*beta*	*coef*	*pval*	*beta*	*coef*	*pval*	*beta*
Treatment status (=1 if target; =0 if comparison)	0.15332*	0.097	0.06769	0.12860	0.408	0.04842	0.03904	0.743	0.01894
Girls aged 15-17	-0.18359	0.235	-0.07488	-0.25215	0.215	-0.09386	0.11028	0.607	0.04859
Girls aged 18+	-0.24859	0.102	-0.10846	-0.43643**	0.037	-0.17312	0.08883	0.676	0.04070
Indicator for child marriage	0.03476	0.456	0.03456	0.06654	0.470	0.04424	0.01629	0.768	0.01993
Girl's education: primary	0.06947	0.484	0.02813	-0.18701	0.304	-0.07023	0.29165**	0.013	0.12559
Girl's education: middle	0.08825	0.512	0.02724	0.26021	0.261	0.07127	-0.02610	0.873	-0.00889
Girl's education: secondary school or higher	0.08631	0.515	0.02949	0.27033	0.295	0.07655	-0.04136	0.784	-0.01617
Gender of the household head (=1 if female; =0 if men)	-0.20341	0.144	-0.05540	0.03116	0.894	0.00812	-0.31232*	0.066	-0.08848
Household head's education: primary	-0.06414	0.585	-0.02295	0.12702	0.535	0.04363	-0.07141	0.629	-0.02634
Household head's education: middle	0.11604	0.464	0.02921	0.69281**	0.033	0.13580	-0.09930	0.595	-0.02948
Household head's education: secondary school or higher	0.01557	0.896	0.00544	0.28518	0.195	0.09796	-0.16211	0.231	-0.05682
Number of children aged 0-5	-0.01889	0.689	-0.01605	0.04031	0.684	0.02653	-0.03599	0.533	-0.03599
PPI quintile 2	-0.08303	0.566	-0.03089	-0.03116	0.880	-0.01111	0.08882	0.671	0.03405
PPI quintile 3	0.06460	0.698	0.02098	0.15614	0.547	0.04558	0.14956	0.497	0.05314
PPI quintile 4	0.07374	0.624	0.02723	0.10770	0.664	0.03232	0.22473	0.275	0.09555
PPI quintile 5	0.02818	0.865	0.01048	-0.12034	0.653	-0.03546	0.21977	0.321	0.09492
District: Shikarpur	1.20236***	0.000	0.35703	1.21250***	0.000	0.44853	.	.	.
District: Muzzfargarh	0.82696***	0.000	0.31538	.	.	.	.	.	.
District: Lodhran	0.24498	0.103	0.10364	.	.	.	-0.55020***	0.000	-0.26315
Number of days parents stayed at home during the last week	0.06521***	0.002	0.15154	0.06231	0.190	0.11527	0.09064***	0.000	0.22294
Mental health of parents	-0.02118	0.583	-0.02323	0.04751	0.430	0.05503	-0.07948*	0.095	-0.08176
Girl's ability to advocate for decisions regarding work	-0.20581***	0.000	-0.18643	-0.29071***	0.001	-0.22204	-0.12302*	0.086	-0.12589
Household decisions on income: done by man only	0.14714	0.131	0.06192	0.49101**	0.033	0.16114	0.06680	0.510	0.03211
Household decisions on income: done by woman only	-0.22054*	0.067	-0.07486	-0.06133	0.730	-0.02222	-0.20760	0.296	-0.06025
Constant	3.34416***	0.000	.	3.28139***	0.000	.	3.63380***	0.000	.
Observations	645			261			384		
R-squared	0.169			0.246			0.178		
*** p<0.01, ** p<0.05, * p<0.1									

Decreased risk of women and girls being married off during the Covid-19 lockdown									
	Total			Sindh			Punjab		
Variables	*coef*	*pval*	*beta*	*coef*	*pval*	*beta*	*coef*	*pval*	*beta*
Treatment status (=1 if target; =0 if comparison)	-0.09348	0.303	-0.04160	-0.11324	0.436	-0.04858	-0.09679	0.459	-0.04324
Girls aged 15-17	-0.01176	0.942	-0.00482	0.13494	0.525	0.05645	-0.18707	0.496	-0.07565
Girls aged 18+	-0.00845	0.957	-0.00370	0.09980	0.641	0.04446	-0.16303	0.546	-0.06895
Indicator for child marriage	0.02037	0.682	0.01995	-0.02531	0.791	-0.01907	0.04745	0.416	0.05195
Girl's education: primary	-0.05032	0.643	-0.02064	-0.01335	0.935	-0.00564	0.01020	0.945	0.00410
Girl's education: middle	-0.04318	0.761	-0.01328	0.21502	0.338	0.06381	-0.17101	0.372	-0.05399
Girl's education: secondary school or higher	-0.01957	0.878	-0.00660	0.01781	0.938	0.00556	0.05505	0.728	0.01946
Gender of the household head (=1 if female; =0 if men)	-0.25409*	0.077	-0.06839	-0.15632	0.441	-0.04703	-0.31025	0.147	-0.07584
Household head's education: primary	-0.03321	0.773	-0.01201	-0.09420	0.609	-0.03635	-0.00037	0.998	-0.00013
Household head's education: middle	-0.01262	0.940	-0.00324	0.33364	0.252	0.07570	-0.27921	0.180	-0.07706
Household head's education: secondary school or higher	-0.13336	0.234	-0.04629	-0.23028	0.229	-0.08787	-0.17425	0.255	-0.05545
Number of children aged 0-5	0.07345	0.137	0.06306	-0.04567	0.585	-0.03345	0.14354**	0.015	0.13355
PPI quintile 2	-0.04889	0.737	-0.01814	-0.13788	0.497	-0.05509	-0.05820	0.778	-0.02022
PPI quintile 3	0.03326	0.838	0.01077	-0.01914	0.935	-0.00612	0.08467	0.718	0.02776
PPI quintile 4	0.07212	0.644	0.02697	-0.29997	0.179	-0.10091	0.22258	0.325	0.08805
PPI quintile 5	0.11881	0.477	0.04510	-0.26619	0.238	-0.09120	0.32163	0.181	0.12890
District: Shikarpur	0.72598***	0.000	0.22326	0.35965	0.140	0.15184	.	.	.
District: Muzzfargarh	0.39210**	0.011	0.14884	.	.	.	.	.	.
District: Lodhran	-0.05721	0.707	-0.02445	.	.	.	-0.46196***	0.000	-0.20272
Number of days parents stayed at home during the last week	0.06455***	0.004	0.15023	0.00054	0.991	0.00112	0.08428***	0.002	0.18963
Girl's ability to advocate for decisions regarding marriage	-0.32599***	0.000	-0.31641	-0.47069***	0.000	-0.42183	-0.25868***	0.000	-0.26404
Household decisions on income: done by man only	0.06636	0.532	0.02791	-0.22562	0.307	-0.07864	0.16796	0.184	0.07457
Household decisions on income: done by woman only	-0.09427	0.380	-0.03294	-0.20380	0.175	-0.08380	0.12406	0.489	0.03463
Constant	3.73523***	0.000	.	4.75750***	0.000	.	3.82392***	0.000	.
Observations	602			244			358		
R-squared	0.214			0.302			0.203		
*** p<0.01, ** p<0.05, * p<0.1									

Mental health stress of girls									
	Total			Sindh			Punjab		
Variables	*coef*	*pval*	*beta*	*coef*	*pval*	*beta*	*coef*	*pval*	*beta*
Treatment status (=1 if target; =0 if comparison)	0.00058	0.994	0.00024	-0.03118	0.778	-0.01134	0.03505	0.691	0.02030
Girls aged 15-17	0.26662**	0.040	0.09887	0.20377	0.203	0.06952	0.33602*	0.073	0.17784
Girls aged 18+	0.35161***	0.006	0.14143	0.35485**	0.028	0.13328	0.41057**	0.028	0.22617
Indicator for child marriage	0.05333	0.111	0.04556	0.10821*	0.099	0.05900	0.04772	0.226	0.07076
Girl's education: primary	-0.06437	0.465	-0.02381	-0.14558	0.282	-0.05071	0.04346	0.689	0.02228
Girl's education: middle	0.20043*	0.077	0.05488	0.01822	0.909	0.00430	0.38873**	0.011	0.16103
Girl's education: secondary school or higher	0.09939	0.285	0.03191	-0.08243	0.581	-0.02391	0.32078***	0.007	0.14962
Gender of the household head (=1 if female; =0 if men)	0.10042	0.331	0.02446	0.07085	0.690	0.01621	0.18637*	0.067	0.06331
Household head's education: primary	0.07764	0.378	0.02517	0.17464	0.161	0.05429	-0.03099	0.814	-0.01362
Household head's education: middle	-0.00194	0.987	-0.00042	0.36809*	0.050	0.05985	-0.26216*	0.083	-0.09332
Household head's education: secondary school or higher	0.09588	0.310	0.03153	0.28250*	0.054	0.09323	-0.11629	0.341	-0.04746
Number of children aged 0-5	-0.07672*	0.054	-0.05780	-0.08668	0.245	-0.05106	-0.05888	0.217	-0.07135
PPI quintile 2	-0.10743	0.300	-0.03649	-0.06095	0.662	-0.02005	-0.20721	0.182	-0.09371
PPI quintile 3	-0.12691	0.253	-0.03769	-0.12671	0.415	-0.03469	-0.13416	0.410	-0.05676
PPI quintile 4	-0.19267*	0.081	-0.06478	-0.17025	0.331	-0.04804	-0.19156	0.181	-0.09853
PPI quintile 5	-0.29916**	0.011	-0.09861	-0.22549	0.244	-0.05971	-0.36817**	0.018	-0.18996
District: Shikarpur	-1.76483***	0.000	-0.49311	-1.75168***	0.000	-0.57982	.	.	.
District: Muzzfargarh	-1.16971***	0.000	-0.38556	.	.	.	.	.	.
District: Lodhran	-1.45025***	0.000	-0.53064	.	.	.	-0.24248***	0.007	-0.13933
Number of days girls stayed at home during the last week	0.10431***	0.000	0.18486	0.10224***	0.000	0.17532	0.09591***	0.000	0.21543
Girl's level of self-esteem	0.05732	0.123	0.04892	0.06341	0.263	0.04907	0.06369	0.218	0.07863
Constant	2.44051***	0.000		2.42216***	0.000		1.17661***	0.000	
Observations	788			406			382		
R-squared	0.475			0.486			0.149		
*** p<0.01, ** p<0.05, * p<0.1									

This report has been produced by the Impact Measurement and Knowledge team. Francisco Bolaños and Marieke Meeske were the lead authors.

First and foremost we want to express gratitude to all interviewed girls and their households for participating in the endline survey. Their willingness to give their time and discuss sensitive issues resulted in valuable information, which made this study possible. This study was achieved through the extensive contributions and expertise of the entire MTBA team, including Bedari, Baanh Belli, Indus Resource Centre (IRC), Oxfam staff in Pakistan, the Impact Measurement and Knowledge team of Oxfam Novib, and of course the interviewers.

For more information or to comment on this publication, please email: karen.vanzaal@oxfamnovib.nl.

Published by Oxfam Novib in March 2021.

Oxfam Novib
P.O. Box 30919
2500 GX The Hague
The Netherlands

T +31 (0) 70 3421621
info@oxfamnovib.nl
http://www.oxfamnovib.nl